

St Ann Parish Family Registration

Reg Date:

6 Church St, Hampton, NJ 08827 (908) 537-2221

Last Name: First Name(s):

Mailing Name (ie Mr. & Mrs. John Doe)

Address: Add2:

City: State: Zip: -

AreaCode: Home Phone: Emerg. Phone:

Family Email: Env#

Individual Member Information

Parish Status: <small>(Active, Inactive)</small> Role: <small>(Head of House, Husband, Wife etc.)</small> First Name / Nickname: Gender: DOB (mm/dd/yyyy): Email: Work Phone/Cell Phone: First Language: Occupation/Employer:	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> / <input style="width: 100%; height: 20px;" type="text"/> Male / Female (Maiden) <input style="width: 50px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> / <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> / <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> / <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> / <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> / <input style="width: 100%; height: 20px;" type="text"/> Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/> <input style="width: 100%; height: 20px;" type="text"/> / <input style="width: 100%; height: 20px;" type="text"/> Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/> <input style="width: 100%; height: 20px;" type="text"/> / <input style="width: 100%; height: 20px;" type="text"/> / <input style="width: 100%; height: 20px;" type="text"/> Marital Status: <input style="width: 100px;" type="text"/> Valid Catholic Marriage? <input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> / <input style="width: 100%; height: 20px;" type="text"/> / <input style="width: 100%; height: 20px;" type="text"/> Male / Female (Maiden) <input style="width: 50px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> / <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> / <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> / <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> / <input style="width: 100%; height: 20px;" type="text"/> Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/> <input style="width: 100%; height: 20px;" type="text"/> / <input style="width: 100%; height: 20px;" type="text"/> Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/> <input style="width: 100%; height: 20px;" type="text"/> / <input style="width: 100%; height: 20px;" type="text"/> / <input style="width: 100%; height: 20px;" type="text"/>
---	---	--

Are there any members of your household who would like to be visited by a priest?

Dependent Children Information

	Relationship to Head of Household <small>(Son, Daughter, Mother Father etc.)</small>	First Name / Last Name	Gender	Birthdate & Birthplace	H.S. Grad Yr	School First Language
1.	<input style="width: 100px;" type="text"/>	<input style="width: 150px;" type="text"/> / <input style="width: 150px;" type="text"/>	M / F	<input style="width: 100px;" type="text"/> / <input style="width: 100px;" type="text"/> / <input style="width: 100px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 150px;" type="text"/>
	Check if Sacrament Received. Add Date if known.	Baptism <input type="checkbox"/>	Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>
		<input style="width: 100px;" type="text"/> / <input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/> / <input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/> / <input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
2.	<input style="width: 100px;" type="text"/>	<input style="width: 150px;" type="text"/> / <input style="width: 150px;" type="text"/>	M / F	<input style="width: 100px;" type="text"/> / <input style="width: 100px;" type="text"/> / <input style="width: 100px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 150px;" type="text"/>
	Check if Sacrament Received. Add Date if known.	Baptism <input type="checkbox"/>	Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>
		<input style="width: 100px;" type="text"/> / <input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/> / <input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/> / <input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
3.	<input style="width: 100px;" type="text"/>	<input style="width: 150px;" type="text"/> / <input style="width: 150px;" type="text"/>	M / F	<input style="width: 100px;" type="text"/> / <input style="width: 100px;" type="text"/> / <input style="width: 100px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 150px;" type="text"/>
	Check if Sacrament Received. Add Date if known.	Baptism <input type="checkbox"/>	Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>
		<input style="width: 100px;" type="text"/> / <input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/> / <input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/> / <input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>

Please fill in all blank boxes and provide changes where necessary. If need to add additional members please use a second form.